

Effective October 1, 2000

Application or Docket Number

670001 - 20026

| CLAIMS AS FILED - PART I | | | | | | | SMALL ENTITY | | | OTHER THAN | | | |
|---|--|---|-------------------|----------------------|------------------------------|------------------|--------------|--------------------|------------------------|------------|---------------------|------------------------|--|
| | | | (Column 1) | | (Column 2) | | T | TYPE | | OR | SMALL | SMALL ENTITY | |
| TOTAL CLAIMS | | | 17 | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMB | NUMBER EXTRA | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | / minus 20= | | . 0 | . 0 | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | 8 | | | X40= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | ſ | +135= | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "6 | | | | | r "0" in c | olumn 2 | L | TOTAL | | OR | TOTAL | 710 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER | THAN | |
| | | (Column 1) | | (Colum | | (Column 3) | _ | SMALL E | NTITY | OR | SMALL | ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| NON | Total | * | Minus | ** | | = | L | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | | | = . | | X40= | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| | | | | | | | | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | ^ | DDII. FEE | | | ADDIT. I EE | | | | | | | |
| AMENDMENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | e bog (2) | HIGH NUM PREVI | IMN 2) HEST MBER HOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Ž Q M | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | | - | | X40= | | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | | |
| | | | | | | | | TOTAL | | | TOTAL | | |
| | | | A | DDIT. FEE | · | OR | ADDIT. FEE | | | | | | |
| | | (Column 1) CLAIMS | | | ımn 2) HEST | (Column 3) | | | | 1 | | | |
| AMENDMENT C | Marginia. | REMAINING AFTER AMENDMENT | | NUM PREVI | MBER IOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| NDM | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | ï | |
| AME | Independent | * | Minus | *** | T OL AIM | = | | X40= | | OR | X80= | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | | | | TOTAL | | OR | TOTAL | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | L | |
| | The "Highest Nun | nber Previously Pa | ild For" (Total o | rIndepend | dent) is the | e nignest numbe | r tour | nd in the app | propriate bo | x in co | Jumn 1. | | |